

DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
PARENTS AS TEACHERS PROGRAM  
FY20 QUARTERLY REPORT TEMPLATE

<b>Grantee Name:</b>	
<b>Award Number:</b>	

**Indicate the quarter for which the report is submitted:**

Q1		Q2		Q3		Q4	
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**1. Current Enrollment (Quarterly Counts)**

	# Single-child families
	# Multi-child families
	# Families with an income <200% of the Federal Poverty Level
	# Families enrolled during the past quarter
	# Children ages 0-2
	# Children ages 3-5
	# Families that graduated or aged out
	# Families that left this quarter before completion.

**2. If families left before completion, indicate the number of families and the reason that best describes the situation. Skip this question if no families left before completion.**

#	REASON
	Unable to contact/locate
	Excessive missed appointments
	Family received what they needed from program.
	Child is no longer in family's custody
	Family dissatisfied with program.
	Family moved out of service area.
	Other, provide reason:
	Other, provide reason:

### 3. Current Staffing by FTEs

As an example, if your project supports one half-time staff member (0.5 FTE) and one full time staff member (1.0 FTE), enter 1.5 FTEs.

	# Staffed Home Visitor positions
	# Vacant Home Visitor positions
	Total # Home Visitor Positions
	# Staffed Other positions
	Total# Other Positions

### 4. Waitlist

	# Families
	# Children ages 0-2
	# Children ages 3-5

### Visits and Screenings

#### 5.

	Total number of visits completed
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### 6. Hearing Screenings

	# Screenings provided
	# Children identified as needing follow-up services
	# Children referred to follow up services
	# Children already receiving follow-up services

### 7. Vision Screening

	# Screenings provided
	# Children identified as needing follow-up services
	# Children referred to follow up services
	# Children already receiving follow-up services

### 8. Developmental Screenings ASQ

	# Screenings provided
	# Children identified as needing follow-up services
	# Children referred to follow up services
	# Children already receiving follow-up services

**9. Developmental Screenings ASQ-SE**

ASQ-SE Screenings provided	
Children identified as needing follow-up services	
Children referred to follow- up services	
Children already receiving follow-up services	

**Program Staffing and Fiscal Information**

**10.**

	Total number of Home Visitors employed during the last quarter. Count each part time and full time Visitor as 1.
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**11. Identify the number of Home Visitors with the following credentials.**

	Foundational
	Model Implementation
	Foundational 2 (30K)
	Life Skills Progression (LSP)
	CDA
	AA
	BA
	MA
	PHD

**12. Identify the number of Home Visitors pursuing additional credentials.**

	Foundational
	Model Implementation
	Foundational 2 (30K)
	Life Skills Progression (LSP)
	CDA
	AA
	BA
	MA
	PHD

**13. Describe other staff trainings completed and the number of staff participating.**

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**14. Quarterly Fiscal Data**

DHSS PAT Funding Spent	\$
Cost per child	\$
Cost per family	\$
Percent of PAT Funding Spent	\$

Program Activities, Community Referrals, and Program Achievement

**15. Program Activities, Complete One for Each Hosted Activity**

Event Name:				Date	mm/dd/yy
# Adults	# Children	# Non-Enrolled Families			
Total # of Participants					
INDICATE TYPES OF ACTIVITIES					
Early Literacy	Fine Motor Activity	Car Seat Safety	Cultural Celebration		
Sensory Exploration	Gross Motor Activity	Parent Children Shared Time	Community Event		
Other					

**16. Program Activities**

Event Name:				Date	mm/dd/yy
# Adults	# Children	# Non-Enrolled Families			
Total # of Participants					
INDICATE TYPES OF ACTIVITIES					
Early Literacy	Fine Motor Activity	Car Seat Safety	Cultural Celebration		
Sensory Exploration	Gross Motor Activity	Parent Children Shared Time	Community Event		
Other					

### 17. Program Activities

Event Name:						Date	mm/dd/yy
# Adults		# Children		# Non-Enrolled Families			
Total # of Participants							
INDICATE TYPES OF ACTIVITIES							
Early Literacy		Fine Motor Activity		Car Seat Safety		Cultural Celebration	
Sensory Exploration		Gross Motor Activity		Parent Children Shared Time		Community Event	
Other							

### 18. Program Activities

Event Name:						Date	mm/dd/yy
# Adults		# Children		# Non-Enrolled Families			
Total # of Participants							
INDICATE TYPES OF ACTIVITIES							
Early Literacy		Fine Motor Activity		Car Seat Safety		Cultural Celebration	
Sensory Exploration		Gross Motor Activity		Parent Children Shared Time		Community Event	
Other							

### 19. Program Activities

Event Name:						Date	mm/dd/yy
# Adults		# Children		# Non-Enrolled Families			
Total # of Participants							
INDICATE TYPES OF ACTIVITIES							
Early Literacy		Fine Motor Activity		Car Seat Safety		Cultural Celebration	
Sensory Exploration		Gross Motor Activity		Parent Children Shared Time		Community Event	
Other							

### 20. Program Activities

Event Name:						Date	mm/dd/yy
# Adults		# Children		# Non-Enrolled Families			
Total # of Participants							
INDICATE TYPES OF ACTIVITIES							
Early Literacy		Fine Motor Activity		Car Seat Safety		Cultural Celebration	
Sensory Exploration		Gross Motor Activity		Parent Children Shared Time		Community Event	
Other							

### 21. Program Activities

Event Name:						Date	mm/dd/yy
# Adults		# Children		# Non-Enrolled Families			
Total # of Participants							
INDICATE TYPES OF ACTIVITIES							
Early Literacy		Fine Motor Activity		Car Seat Safety		Cultural Celebration	
Sensory Exploration		Gross Motor Activity		Parent Children Shared Time		Community Event	
Other							

### 22. Program Activities

Event Name:						Date	mm/dd/yy
# Adults		# Children		# Non-Enrolled Families			
Total # of Participants							
INDICATE TYPES OF ACTIVITIES							
Early Literacy		Fine Motor Activity		Car Seat Safety		Cultural Celebration	
Sensory Exploration		Gross Motor Activity		Parent Children Shared Time		Community Event	
Other							

### 23. Program Activities

Event Name:						Date	mm/dd/yy
# Adults		# Children		# Non-Enrolled Families			
Total # of Participants							
INDICATE TYPES OF ACTIVITIES							
Early Literacy		Fine Motor Activity		Car Seat Safety		Cultural Celebration	
Sensory Exploration		Gross Motor Activity		Parent Children Shared Time		Community Event	
Other							

### 24. Program Activities

Event Name:						Date	mm/dd/yy
# Adults		# Children		# Non-Enrolled Families			
Total # of Participants							
INDICATE TYPES OF ACTIVITIES							
Early Literacy		Fine Motor Activity		Car Seat Safety		Cultural Celebration	
Sensory Exploration		Gross Motor Activity		Parent Children Shared Time		Community Event	
Other							



Community Outreach

Describe:

Barriers/ Challenges

Describe:

Future Objectives

Describe: